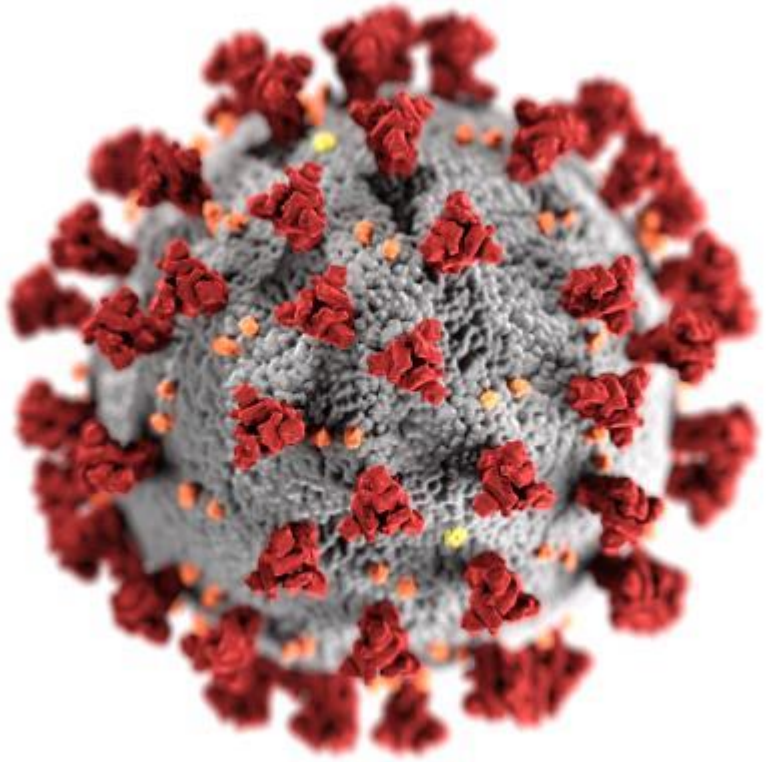
2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

March 10, 2022



We will begin in just a few moments. Thanks!

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This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of March 9, 2022. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov

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Agenda

- Situation Update
- Laboratory Guidance
- Long Term Care
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session

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Situation Update

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Coronavirus Situation

- International
  - 446,511,318 confirmed cases
    - 6,004,421 deaths
- United States (50 states + DC)
  - 78,545,019 confirmed cases
    - 951,348 deaths
- South Dakota
  - 236,432 confirmed and probable cases
    - 2,843 deaths
    - 230,234 recovered cases

As of March 8th, 2022

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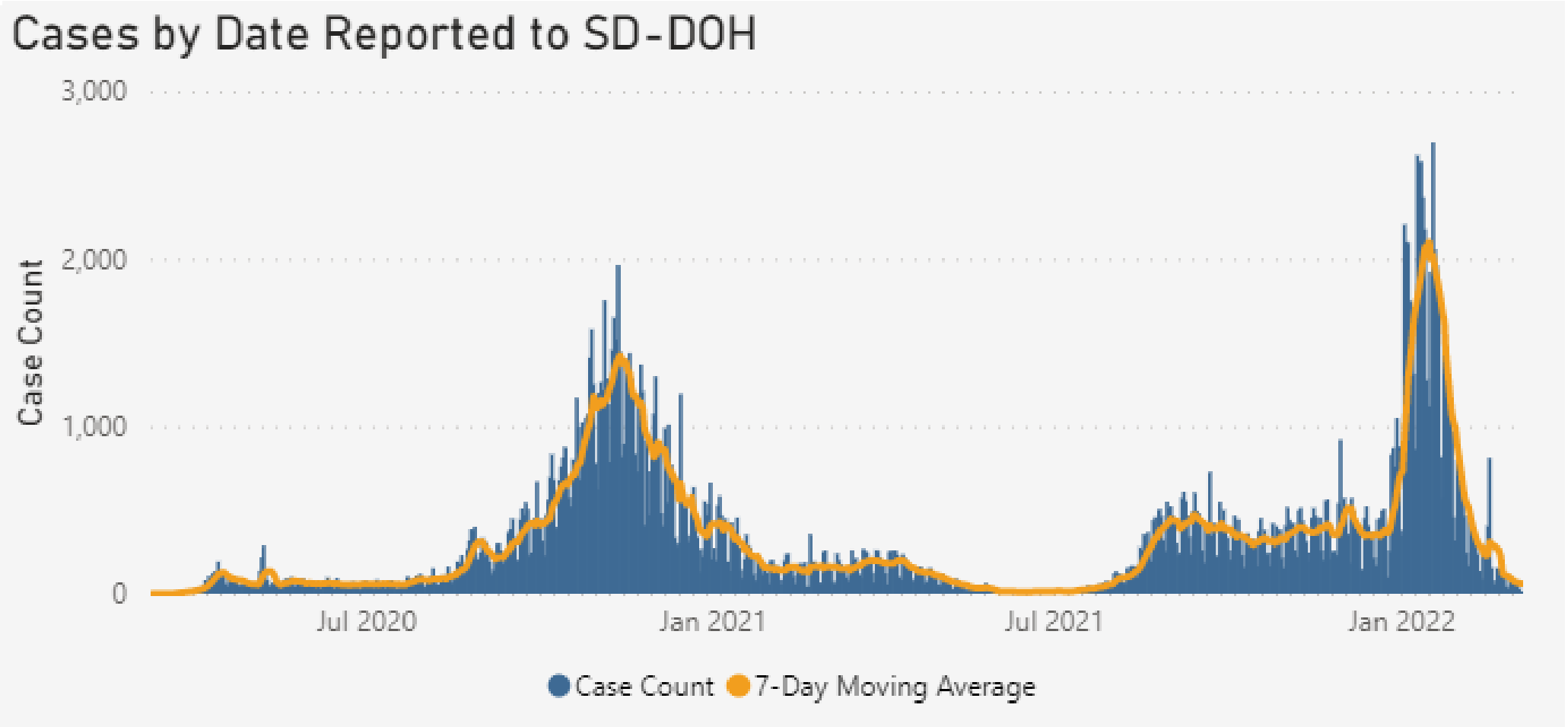
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH



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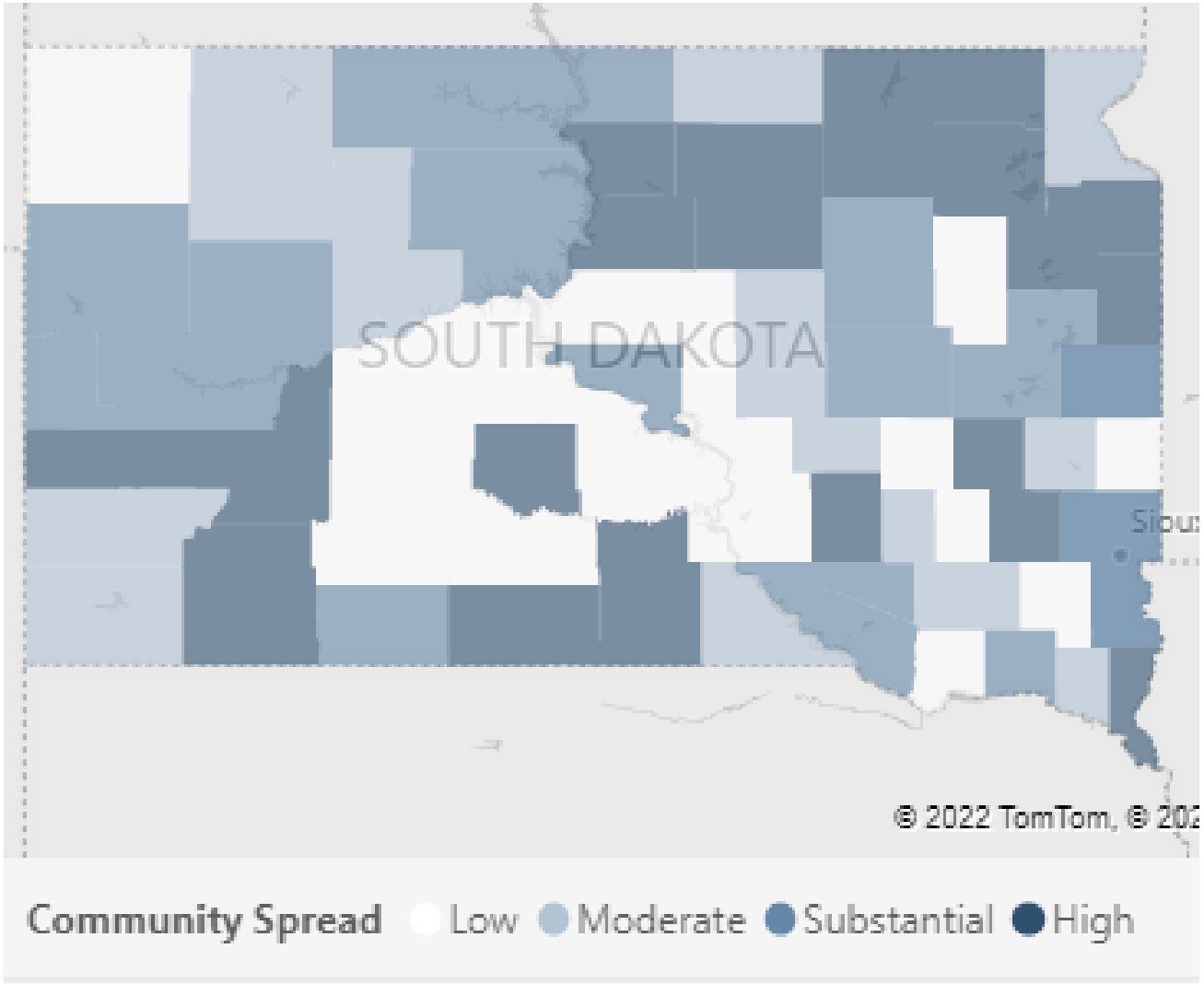
COVID-19 Community Spread Map, by County



Community Spread	Number of Counties
Low	16
Moderate	16
Substantial	15
High	19

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General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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Reporting COVID-19 Tests to SD-DOH

- **Reminder**: Coronavirus respiratory syndromes are a Category I disease
- Report ***immediately*** on suspicion of disease
- Reporting mechanisms:
  - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
  - Flat file (CSV) – Secure email
  - Disease reporting website – sd.gov/diseasereport
    - Ensure patient phone numbers are included
  - Fax – 605.773.5509

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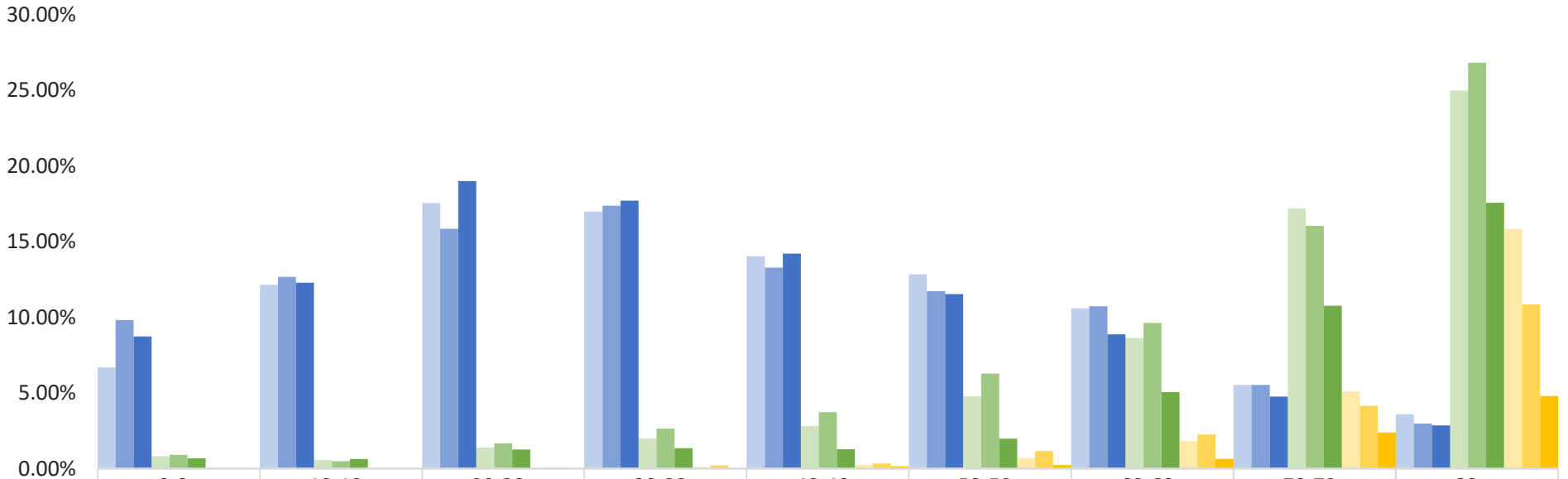
Cases, Hospitalizations, and Deaths by Age Group
Cumulative, Delta, and Omicron Periods



	0-9y	10-19y	20-29y	30-39y	40-49y	50-59y	60-69y	70-79y	80+y
Percentage of Cumulative Cases	6.69%	12.14%	17.55%	17.00%	14.03%	12.85%	10.59%	5.54%	3.60%
Percentage of Delta Variant Cases	9.82%	12.67%	15.87%	17.38%	13.29%	11.72%	10.73%	5.54%	2.98%
Percentage of Omicron Variant Cases	8.74%	12.30%	19.00%	17.71%	14.22%	11.54%	8.88%	4.76%	2.87%
Percentage of Cumulative Hospitalizations	0.83%	0.56%	1.38%	1.98%	2.83%	4.78%	8.64%	17.18%	25.00%
Percentage of Delta Variant Hospitalizations	0.93%	0.50%	1.67%	2.64%	3.74%	6.29%	9.63%	16.05%	26.83%
Percentage of Omicron Variant Hospitalizations	0.69%	0.64%	1.27%	1.36%	1.29%	1.99%	5.06%	10.78%	17.58%
Percentage of Cumulative Deaths	0.01%	0.01%	0.03%	0.12%	0.25%	0.71%	1.82%	5.10%	15.83%
Percentage of Delta Variant Deaths	0.02%	0.00%	0.06%	0.21%	0.34%	1.16%	2.26%	4.16%	10.86%
Percentage of Omicron Variant Deaths	0.02%	0.03%	0.01%	0.02%	0.15%	0.24%	0.66%	2.39%	4.80%

Percent of Cases (distribution of cases across age groups)
Percent Hospitalized (of cases within age groups)
Percent Died (of cases within age groups)

Cumulative Period: March 2020 to March 2022
Delta Period: July 2021 to December 2021
Omicron Period: January 2022 to March 2022

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Breakthrough, Variant, and Reinfection Cases

Breakthrough Cases	#
Cases	38,300
Hospitalized	1,326
Died	277

Reinfection	#
Cases	10,030
Hospitalized	200
Died	32

Variant Cases	#
Cases	1,765
Hospitalized	82
Died	19

COVID-19 Variant Data under *Tables* tab:
https://doh.sd.gov/COVID/Dashboard.aspx

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COVID-19 Community Level Guidelines

Low	Medium	High
• Stay up to date with COVID-19 vaccines • Get tested if you have symptoms	• If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions • Stay up to date with COVID-19 vaccines • Get tested if you have symptoms	• Wear a mask indoors in public • Stay up to date with COVID-19 vaccines • Get tested if you have symptoms • Additional precautions may be needed for people at high risk for severe illness
People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.		

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

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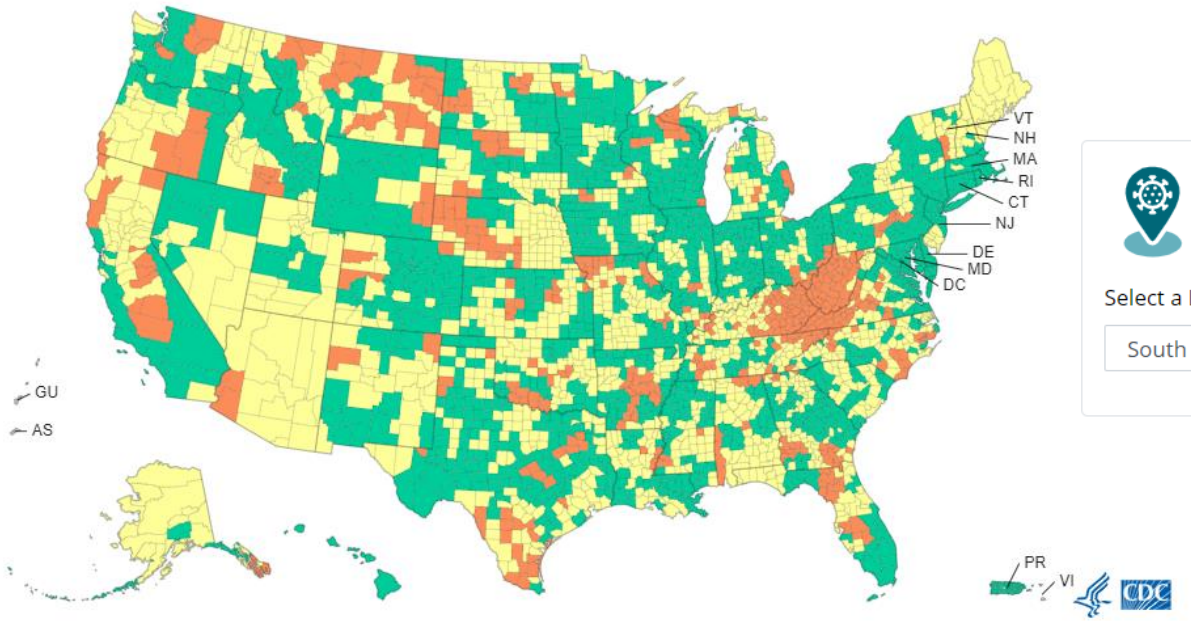
How the CDC Measures the COVID-19 Community Levels

Updated Mar. 3, 2022 Languages Print

Data provided by CDC
Updated: March 3, 2022



COVID-19 County Check

Find community levels and prevention steps by county.

Select a Location (all fields required)

South Dakota | County | Go

https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

Legend

- High
- Medium
- Low

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels-county-map.html

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Prioritizing Case Investigation and Contact Tracing for COVID-19

Updated guidance as of February 28th:

- Universal case investigation and contact tracing are not recommended for COVID-19; instead, prioritize specific settings and groups at increased risk.
- Investigations focus on COVID-19 cases and close contacts with onsets and exposures in the previous 5 days for those settings and groups at increased risk.
- SD-DOH is planning to update our COVID-19 activities in the coming weeks.

https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/prioritization.html

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Waning 2-Dose and 3-Dose Effectiveness of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022

TABLE 1. Characteristics of emergency department and urgent care encounters among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status† and SARS-CoV-2 test result — 10 states,§ August 2021–January 2022¶

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status no. (row %)			SMD††	SARS-CoV-2 test result no. (row %)		SMD††
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
All ED/UC encounters	241,204 (100)	110,873 (46)	105,193 (44)	25,138 (10)	—	179,378 (74)	61,826 (26)	—
Variant predominance period								
B.1.617.2 (Delta)	185,652 (77)	86,074 (46)	85,371 (46)	14,207 (8)	0.27	148,106 (80)	37,546 (20)	0.50
B.1.1.529 (Omicron)	55,552 (23)	24,799 (45)	19,822 (36)	10,931 (20)		31,272 (56)	24,280 (44)	

TABLE 2. mRNA COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19–associated† emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses§ — VISION Network, 10 states,¶ August 2021–January 2022**

Characteristic	Total	SARS-CoV-2 positive test result no. (%)	VE fully adjusted % (95% CI)*	Waning trend p value††
ED/UC encounters				
Delta-predominant period				
Unvaccinated (Ref)	86,074	29,063 (34)	—	—
Any mRNA vaccine, 2 doses	85,371	8,136 (10)	80 (79–81)	<0.001
<2 mos	4,253	144 (3)	92 (91–94)	
2–3 mos	8,662	527 (6)	88 (86–89)	
4 mos	8,941	721 (8)	85 (83–86)	
≥5 mos	63,515	6,744 (11)	77 (76–78)	
Any mRNA vaccine, 3 doses	14,207	347 (2)	96 (95–96)	<0.001
<2 mos	10,621	210 (2)	97 (96–97)	
2–3 mos	3,542	134 (4)	93 (92–94)	
≥4 mos	44	3 (7)	89 (64–97)	
Omicron-predominant period				
Unvaccinated (Ref)	24,799	13,991 (56)	—	—
Any mRNA vaccine, 2 doses	19,822	8,351 (42)	41 (38–43)	<0.001
<2 mos	555	157 (28)	69 (62–75)	
2–3 mos	1,982	785 (40)	50 (45–55)	
4 mos	1,234	509 (41)	48 (41–54)	
≥5 mos	16,051	6,900 (43)	37 (34–40)	
Any mRNA vaccine, 3 doses	10,931	1,938 (18)	83 (82–84)	<0.001
<2 mos	4,993	710 (14)	87 (85–88)	
2–3 mos	5,217	986 (19)	81 (79–82)	
4 mos	692	224 (32)	66 (59–71)	
≥5 mos	29	18 (62)	31 (−50–68)	

TABLE 3. Characteristics of hospitalizations among adults with COVID-19–like illness,* by mRNA COVID-19 vaccination status† and SARS-CoV-2 test result — 10 states,§ August 2021–January 2022¶

Characteristic	Total no. (column %)	mRNA COVID-19 vaccination status, no. (row %)			SMD††	SARS-CoV-2 test result, no. (row %)		SMD††
		Unvaccinated	Vaccinated (2 doses)	Vaccinated (3 doses)**		Negative	Positive	
All hospitalizations	93,408 (100)	40,125 (43)	42,326 (45)	10,957 (12)	—	72,308 (77)	21,100 (23)	—
Variant predominance period								
B.1.617.2 (Delta)	83,045 (89)	36,214 (44)	38,707 (47)	8,124 (10)	0.24	65,090 (78)	17,955 (22)	0.15
B.1.1.529 (Omicron)	10,363 (11)	3,911 (38)	3,619 (35)	2,833 (27)		7,218 (70)	3,145 (30)	

TABLE 2. mRNA COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19–associated† emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses§ — VISION Network, 10 states,¶ August 2021–January 2022**

Characteristic	Total	SARS-CoV-2 positive test result no. (%)	VE fully adjusted % (95% CI)*	Waning trend p value††
Hospitalizations				
Delta-predominant period				
Unvaccinated (Ref)	36,214	14,445 (40)	—	—
Any mRNA vaccine, 2 doses	38,707	3,315 (9)	85 (84–85)	<0.001
<2 mos	1,574	49 (3)	94 (92–96)	
2–3 mos	2,790	154 (6)	91 (89–92)	
4 mos	3,129	192 (6)	90 (89–92)	
≥5 mos	31,214	2,920 (9)	82 (82–83)	
Any mRNA vaccine, 3 doses	8,124	195 (2)	95 (95–96)	<0.001
<2 mos	6,071	118 (2)	96 (95–97)	
2–3 mos	2,030	74 (4)	93 (91–95)	
≥4 mos	23	3 (13)	76 (14–93)	
Omicron-predominant period				
Unvaccinated (Ref)	3,911	1,890 (48)	—	—
Any mRNA vaccine, 2 doses	3,619	979 (27)	55 (50–60)	0.01
<2 mos	88	22 (25)	71 (51–83)	
2–3 mos	294	69 (23)	65 (53–74)	
4 mos	150	42 (28)	58 (38–71)	
≥5 mos	3,087	846 (27)	54 (48–59)	
Any mRNA vaccine, 3 doses	2,833	276 (10)	88 (86–90)	<0.001
<2 mos	1,261	103 (8)	91 (88–93)	
2–3 mos	1,383	137 (10)	88 (85–90)	
≥4 mos	189	36 (19)	78 (67–85)	

https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm?s_cid=mm7107e2_w

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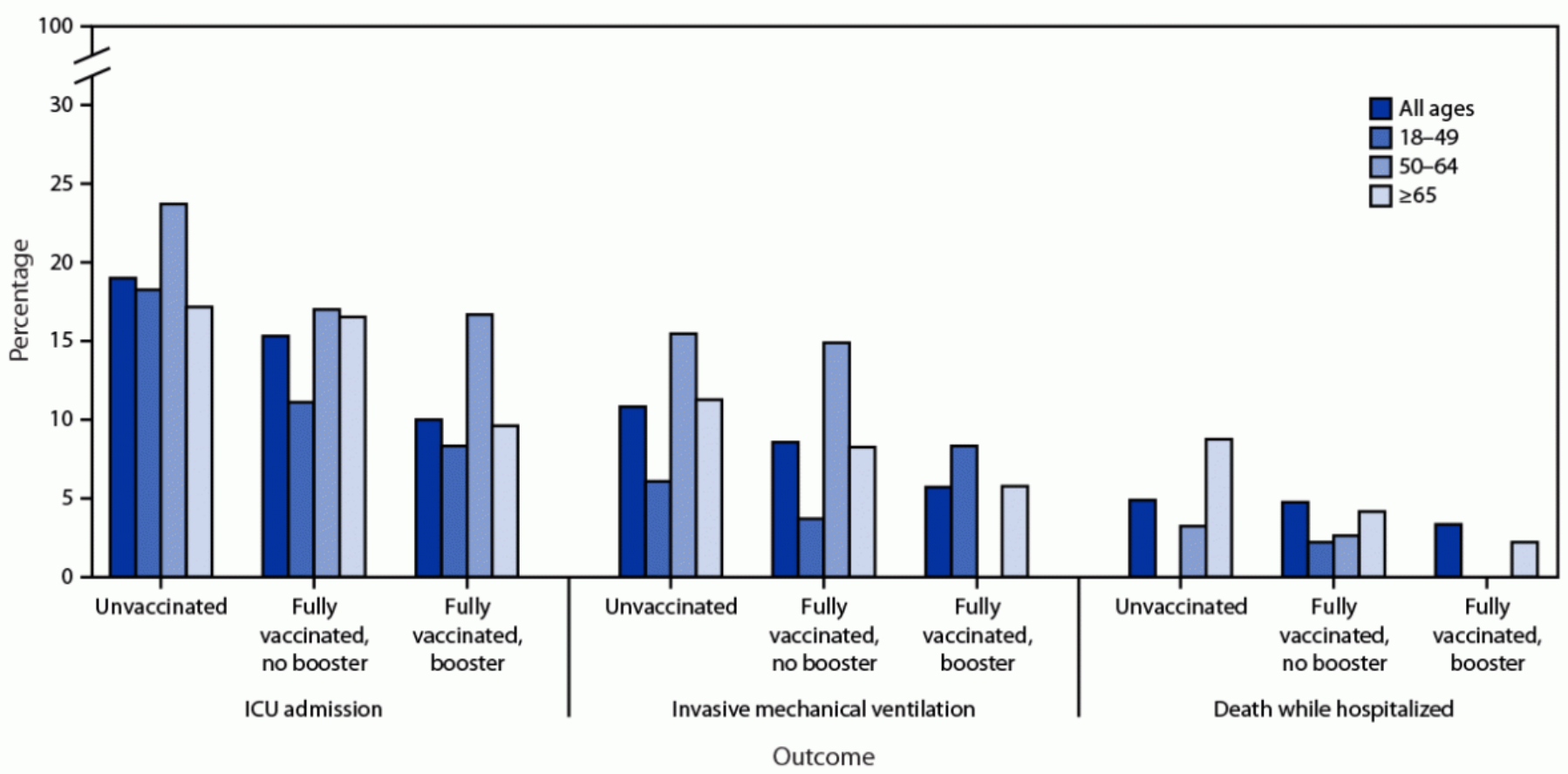
Clinical Characteristics and Outcomes Among Adults Hospitalized with Laboratory-Confirmed SARS-CoV-2 Infection During Periods of B.1.617.2 (Delta) and B.1.1.529 (Omicron) Variant Predominance — One Hospital, California, July 15–September 23, 2021, and December 21, 2021–January 27, 2022

FIGURE. Intensive care unit admission, use of invasive mechanical ventilation, and death while hospitalized among 737 adults hospitalized with SARS-CoV-2 infection during Omicron variant predominance, by age group and vaccination status*,† — one hospital, California, December 21, 2021– January 27, 2022



https://www.cdc.gov/mmwr/volumes/71/wr/mm7106e2.htm?s_cid=mm7106e2_w

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Hospitalizations of Children and Adolescents with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, July 2021–January 2022

FIGURE. Weekly COVID-19–associated hospitalization rates* among children and adolescents aged 0–17 years, by age group — COVID-NET, 14 states,† July 3, 2021–January 22, 2022

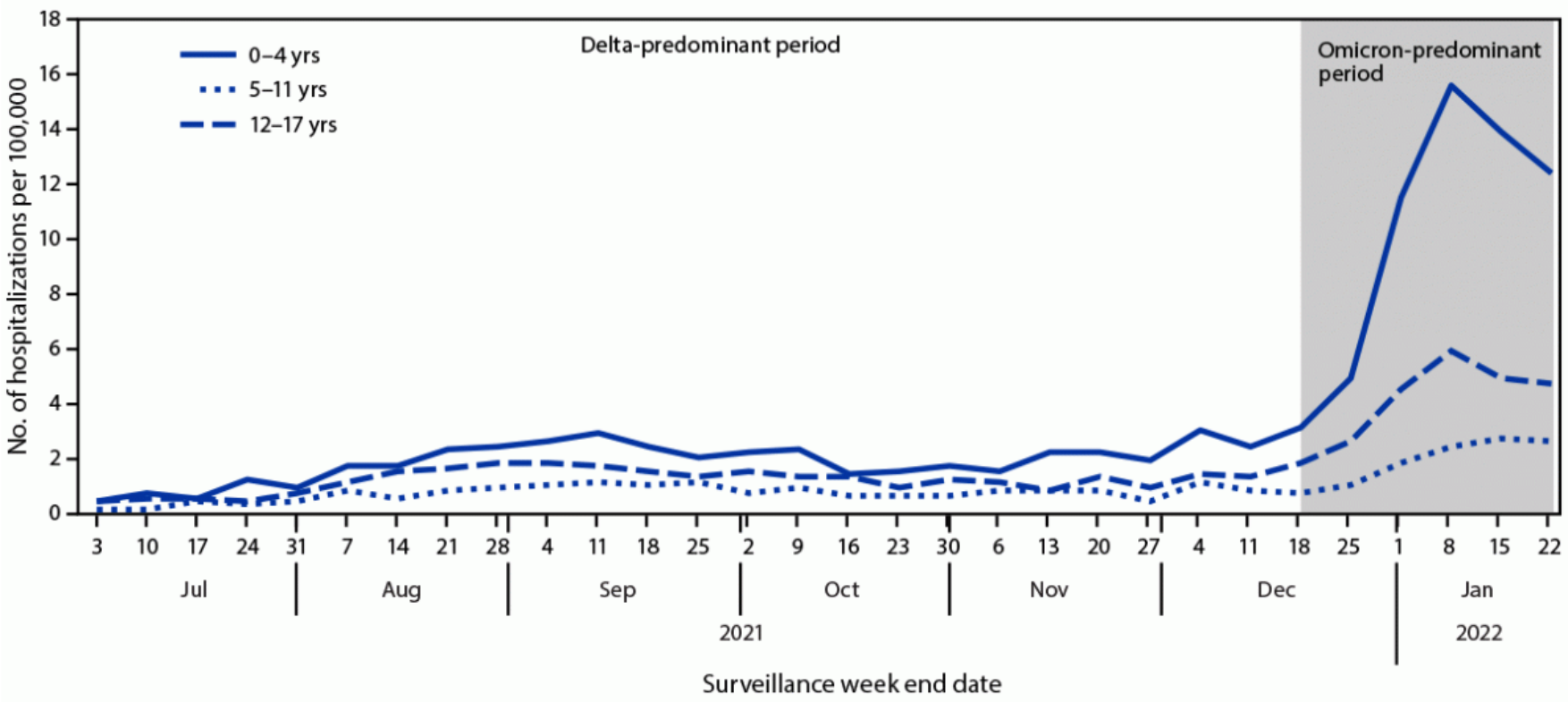

TABLE 2. Demographic and clinical characteristics and outcomes among fully vaccinated* and unvaccinated adolescents aged 12–17 years with laboratory-confirmed COVID-19–associated hospitalizations,† by date of admission — COVID-NET, 14 states,§ July 1–December 31, 2021

	No. of hospitalized adolescents (%)						
	Unvaccinated	Vaccinated		Unvaccinated		Vaccinated	
	Total						
Characteristic	Jul 1–Dec 31		p-value¶	Jul 1–Dec 18	Dec 19–31	Jul 1–Dec 18	Dec 19–31
Total	647 (100.0)**	71 (100.0)**	—	584 (90.2)**	63 (9.8)**	53 (74.6)**	18 (25.4)**

https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e4.htm?s_cid=mm7107e4_w

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Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Covid-19 Vaccines for Moderately to Severely Immunocompromised: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Travel Recommendations by Destination: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

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Laboratory Guidance

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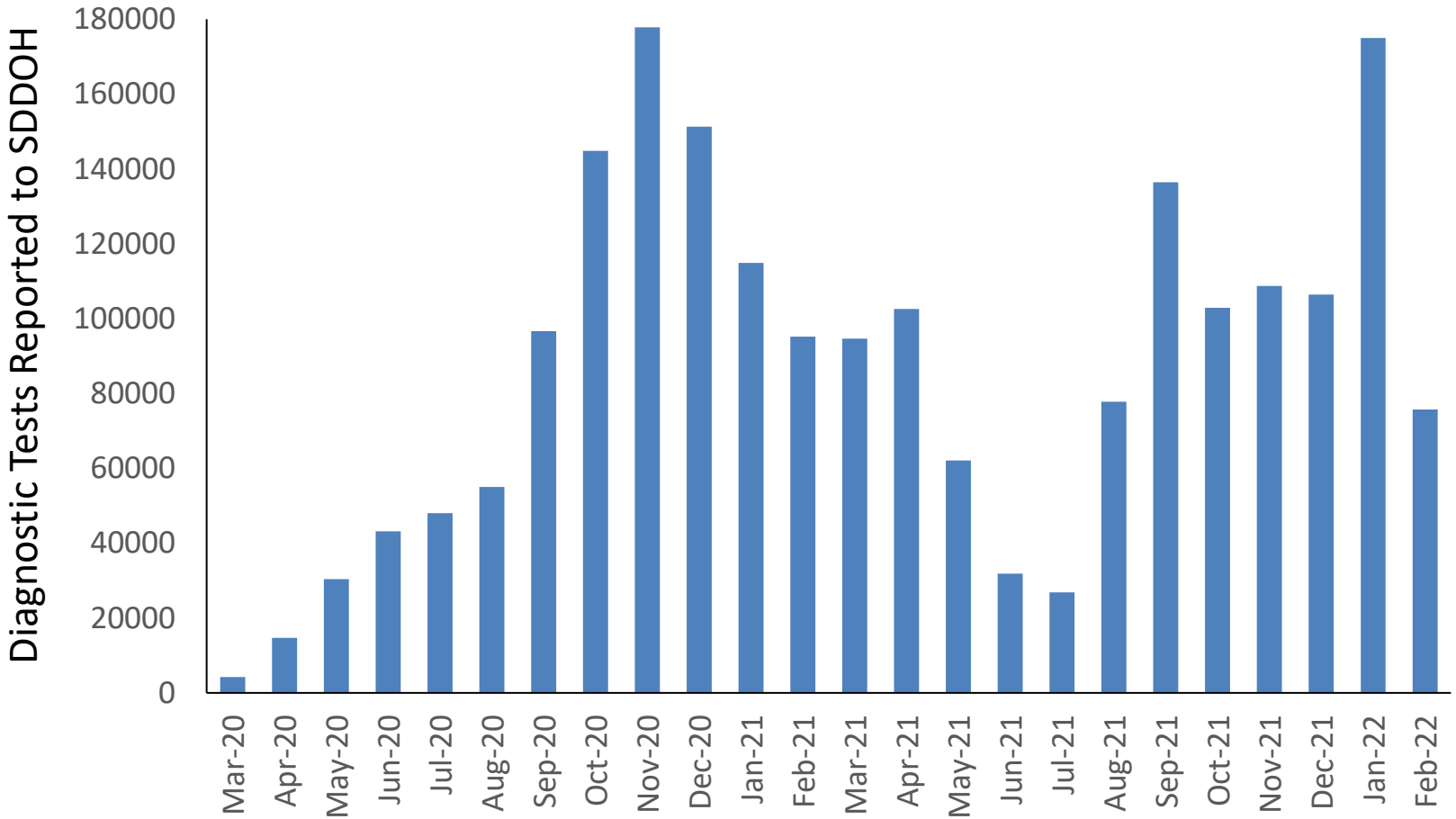
COVID-19 Tests Reported to SDDOH by Month



Supply Chain Updates:

- Overall, supply chains are improving.
- Abbott BinaxNOW 40P and OTC kits are becoming available.
- Quidel QuickVue OTC is also available.
- Federal government has committed to additional purchases and test kits stockpiling; unknown impact on market.

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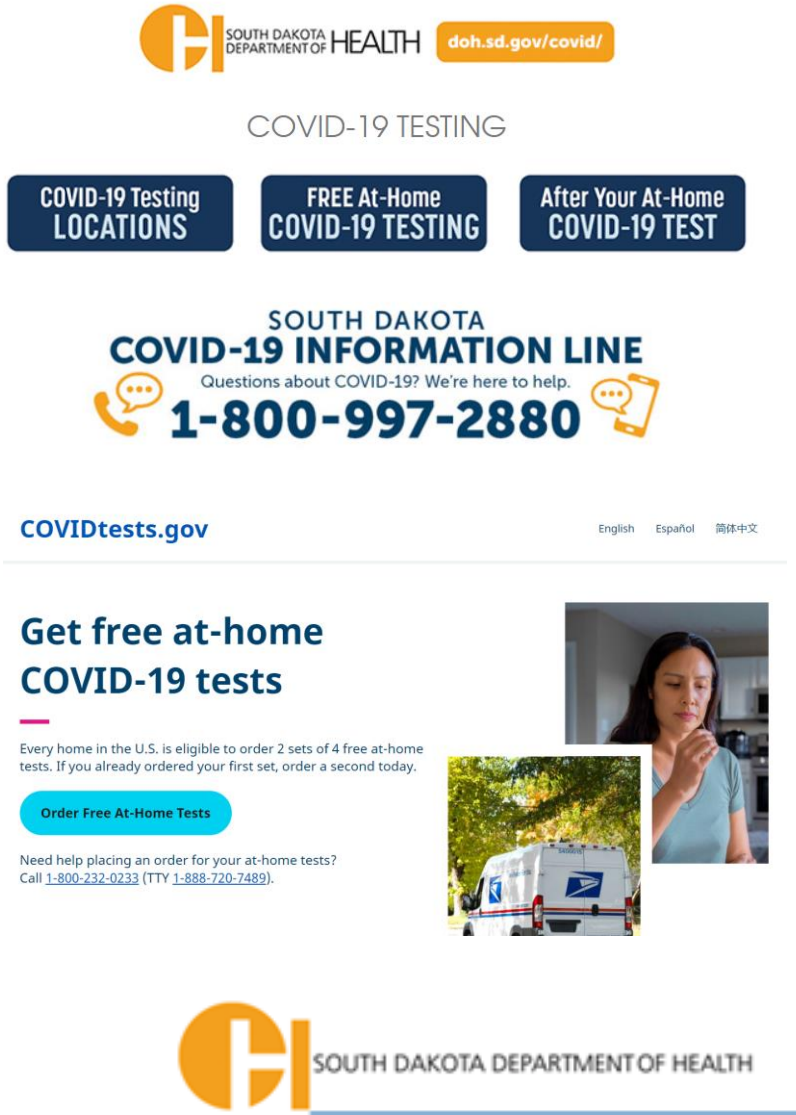
COVID Testing Resources

- For questions about DOH testing support, please contact:
  - FQHC, CHC, Rural Clinics: Kaitlin.Thomas@state.sd.us
  - Long-term Care: Denise.Broadbent@state.sd.us
  - Healthcare: Laurie.Gregg@state.sd.us
  - EMS: Marty.Link@state.sd.us
  - Pharmacies: Bob.Coolidge@state.sd.us
  - K-12 Schools: Joe.Moran@state.sd.us
  - Higher Education: Laurie.Gregg@state.sd.us
  - Childcare Providers: Laura.Nordbye@state.sd.us
  - Businesses: John.Osburn@state.sd.us
  - Confinement Facilities: Staci@southdakotasheriffs.org
- Inquiries for Abbott BinaxNOW and ID NOW should be sent to: Dorothy.Ahten@abbott.com
- Inquiries for COVID-19 testing resources can also be sent to: Matt.VanDam@McKesson.com
- Free COVID-19 tests kits are also available from the federal government at: https://www.covidtests.gov/



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COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115

- On March 8, CDC released new guidance for federal HHS laboratory reporting requirements that will take effect on April 4, 2022.
- New reporting requirements are summarized below.

Setting	Test Type	Positive Results	Negative Results
CLIA Moderate/High	NAAT	Report	Report
CLIA Moderate/High	Non-NAAT	Report	Optional
CLIA Waived[1]	Non-NAAT	Report	Optional
At-Home/OTC	Non-NAAT	Optional	Optional
Any Setting	Antibody	Optional	Optional

[1]Examples of CLIA Waived settings might include K-12 schools, correctional facilities, childcare facilities, drive-through testing sites, medical provider offices, pharmacies, etc.

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COVID Therapy Updates

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FDA EUA-Approved COVID-19 Therapies

Category	Therapy	Manufacturer	Availability
Monoclonal Antibody	Sotrovimab	GlaxoSmithKline	Federal Allocation
Monoclonal Antibody	Bebtelovimab	Ely Lilly	Federal Allocation
Monoclonal Antibody (PrEP)	Evusheld	AstraZeneca	Federal Allocation
Oral Antiviral	Molnupiravir	Merck/Ridgeback	Federal Allocation
Oral Antiviral	Paxlovid	Pfizer	Federal Allocation
Intravenous Antiviral	Remdesevir	Gilead	Open Market

Due to the high frequency of the Omicron variant, REGEN-COV and Bamlanivimab/Etesevimab are not currently authorized in any U.S. region. Therefore, these therapies may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency.

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COVID-19 Test to Treat

- A nationwide “Test to Treat” initiative is being launched by the federal government to increase access to oral antiviral therapies for individuals with COVID-19.
- Test to Treat will establish locations in pharmacy-based clinics, federally-qualified community health centers (FQHCs), and long-term care facilities.
- In this program, people will be able to get tested and, if positive for COVID-19 and treatment is appropriate, receive a prescription from a healthcare provider and have that prescription filled, all in one location.
- Individuals do not have to be tested at the T2T location to qualify for therapy; healthcare providers will be allowed to evaluate the result(s) of at-home testing.
- Treatment options may include Molnupiravir and Paxlovid, depending on availability.
- Qualifying locations around the country are currently being enrolled in the test to treat program.
- It is anticipated T2T will initially be available in ~4,000 locations nationwide following program roll-out.

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Long Term Care

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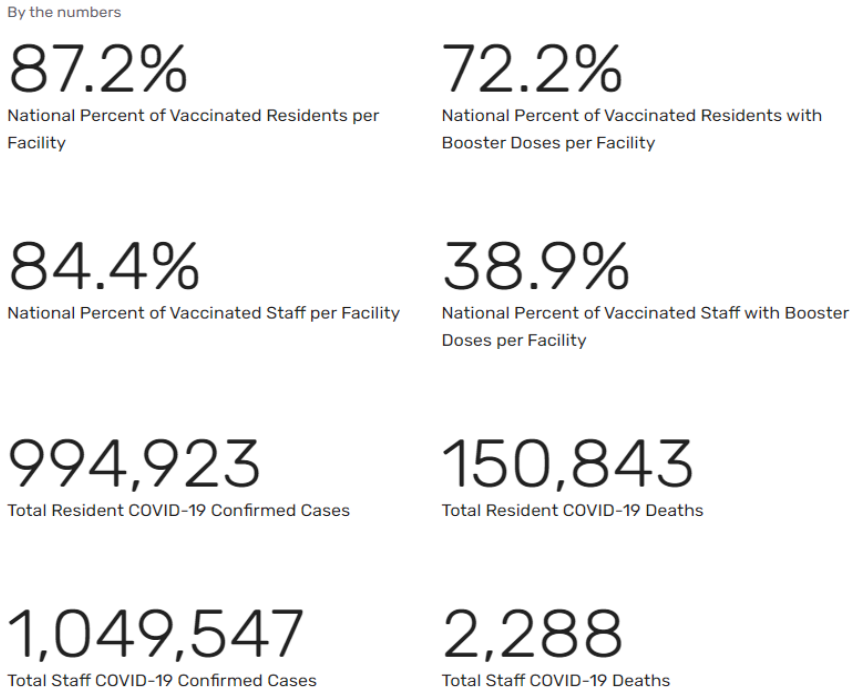
Disease Impact & Vaccine Status in LTC – United States

Data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.



Source: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/

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Long Term Care in South Dakota

Trending of COVID-19 Disease in Nursing Homes and Assisted Living Centers

- 975 Deaths in LTC residents
- LTC accounts for approximately 34% of deaths among people with COVID-19

Week	Resident Cases	Staff Cases	Number of Facilities	Nursing Homes	Assisted Living Centers	Facility Cases in Staff Only
09/06/21	83	89	39	27	12	20
09/13/21	97	102	46	33	13	24
09/20/21	102	100	46	30	16	24
09/27/21	86	95	40	28	12	24
10/04/21	107	101	48	33	15	20
10/11/21	136	108	50	37	13	24
10/18/21	154	104	45	29	16	18
10/25/21	172	106	42	25	17	19
11/01/21	204	114	42	30	12	20
11/08/21	218	145	49	38	11	24
11/15/21	130	99	44	34	10	17
11/22/21	98	86	37	30	7	17
11/29/21	66	79	32	26	6	18
12/06/21	82	109	45	33	12	27
12/13/21	82	135	56	41	15	38
12/20/21	67	132	51	38	13	34
1/3/22	89	192	71	56	15	48
1/10/22	148	392	100	70	30	69
1/17/22	248	765	135	88	47	77
1/24/22	443	1164	151	95	56	63
1/31/22	695	1543	150	94	56	55
2/7/22	814	1686	141	93	48	58
2/14/22	818	1673	118	82	36	59
2/21/22	639	1379	87	63	24	39
02/28/2022*	346	662	47	28	19	28

Data is provisional

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Long Term Care in South Dakota

Providers must continue to follow the **Core Principles of Infection Prevention.**

- *Screening (active). Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility.*
- *Hand hygiene*
- *Face coverings*
- *Instructional signage and education*
- *Cleaning and disinfecting*
- *Appropriate PPE. *Please note: Use of N-95 respirator's require medical clearance, training, and fit-testing.*
- *Cohorting residents*
- *Appropriate testing*

CMS Memos

- QSO-20-39-NH *(revised 11.12.21) - Visitation*
- QSO-22-09-ALL *(revised 01.14.22) – Vaccination (Health Care Staff)*
- QSO-22-10-ALL *(revised 01.25.22) - Vaccine Expectations for Surveyors*
- QSO-20-38-NH *(revised 09.10.21) - Testing*

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Long Term Care in South Dakota

QSO-22-09-ALL *(revised 01.14.22) - Vaccination*

- **Vaccine Mandate for Health-Care Workers**
  - **Phase 1 - February 14, 2022**
  - **Phase 2 - March 15, 2022**

- **Federal vaccination requirement Frequently Asked Questions** *(updated 1.20.22)*

- **Listing of vaccination rates for individual nursing homes:** Click to see a list of every nursing home with recent resident and staff vaccination rates and other data.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Long Term Care in South Dakota

- Federal Vaccine Mandate Attachments
  - LTC F888
  - ASC Q-0246
  - Hospice L-900
  - Hospital A-0792
  - PRTF N-0120
  - ICF-IID W-0508
  - HHA G-687
  - CORF I-549
  - CAH C-1260
  - OPT I-172
  - CMHC M-0114
  - HIT 486.525
  - RHC/FQHC J-0110
  - ESRD V-0800

COVID-19 Staff Vaccination Status for Providers

Complete this form or provide a list containing the same information required in this form.

Section I: *Complete based on the Day 1 of the survey:*

Total # of staff:

partially vaccinated staff (5):

completely vaccinated staff (6):

pending exemption (8 and 9):

granted exemption (8 and 9):

temporary delay/new hire (10):

not vaccinated without exemption/delay (11):

Note: The sum of the #'s for columns 5, 6, 8 through 11 should equal the total # of staff.

					Vaccinated			Not Vaccinated			
	Direct facility hire (DH), Contracted hire (C), Other (O)	Title	Position	Assigned work area	Partially vaccinated	Completely vaccinated	Booster dose	Pending (P) or Granted (G) medical exemption	Pending (PN) or Granted (GN) non-medical exemption	Temporary delay per CDC/ new hire	Not vaccinated without exemption/delay
Staff Name	1	2	3	4	5	6	7	8	9	10	11

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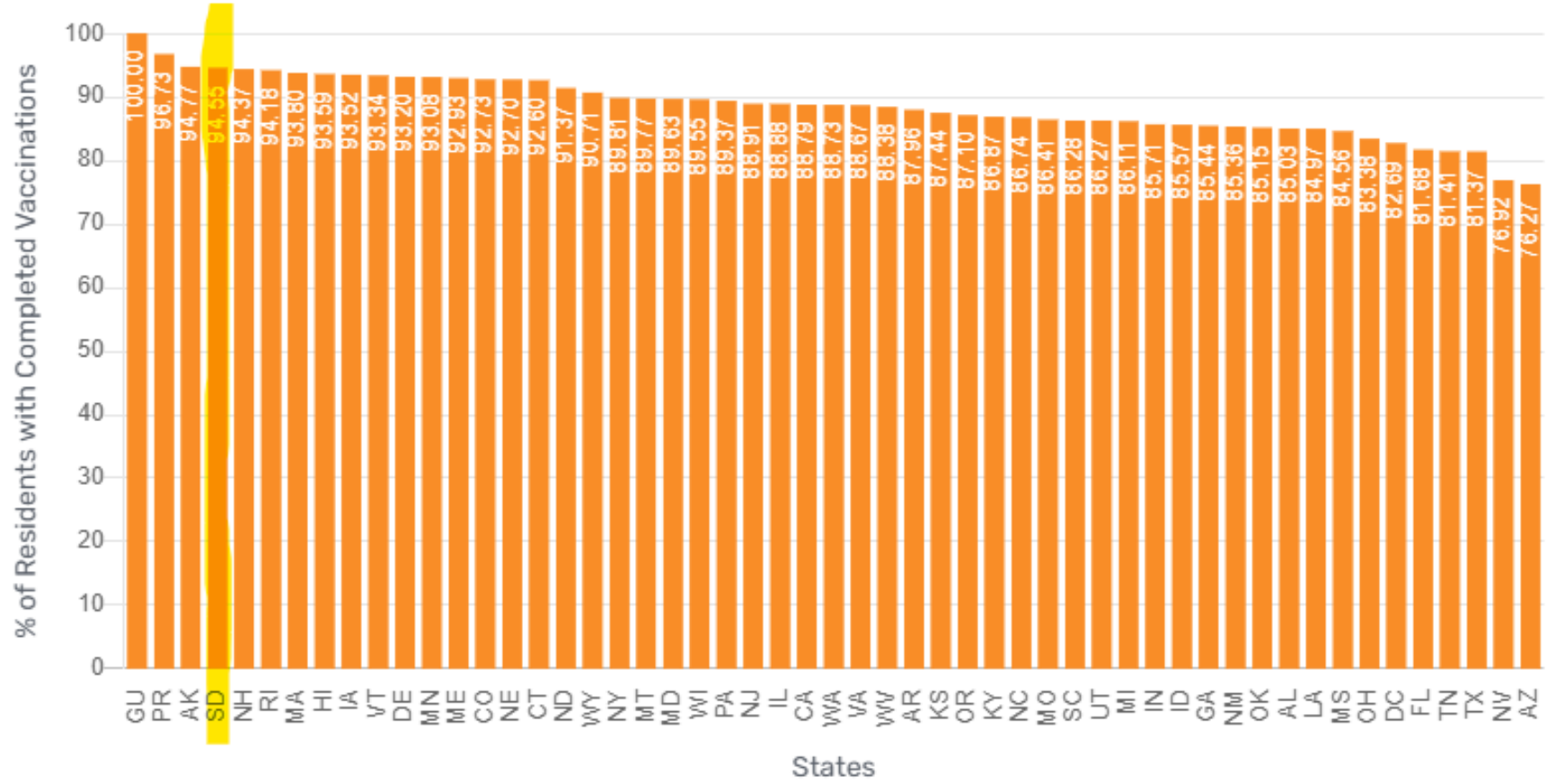
SOUTH DAKOTA DEPARTMENT OF HEALTH

Percentage of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



South Dakota – 94.55%

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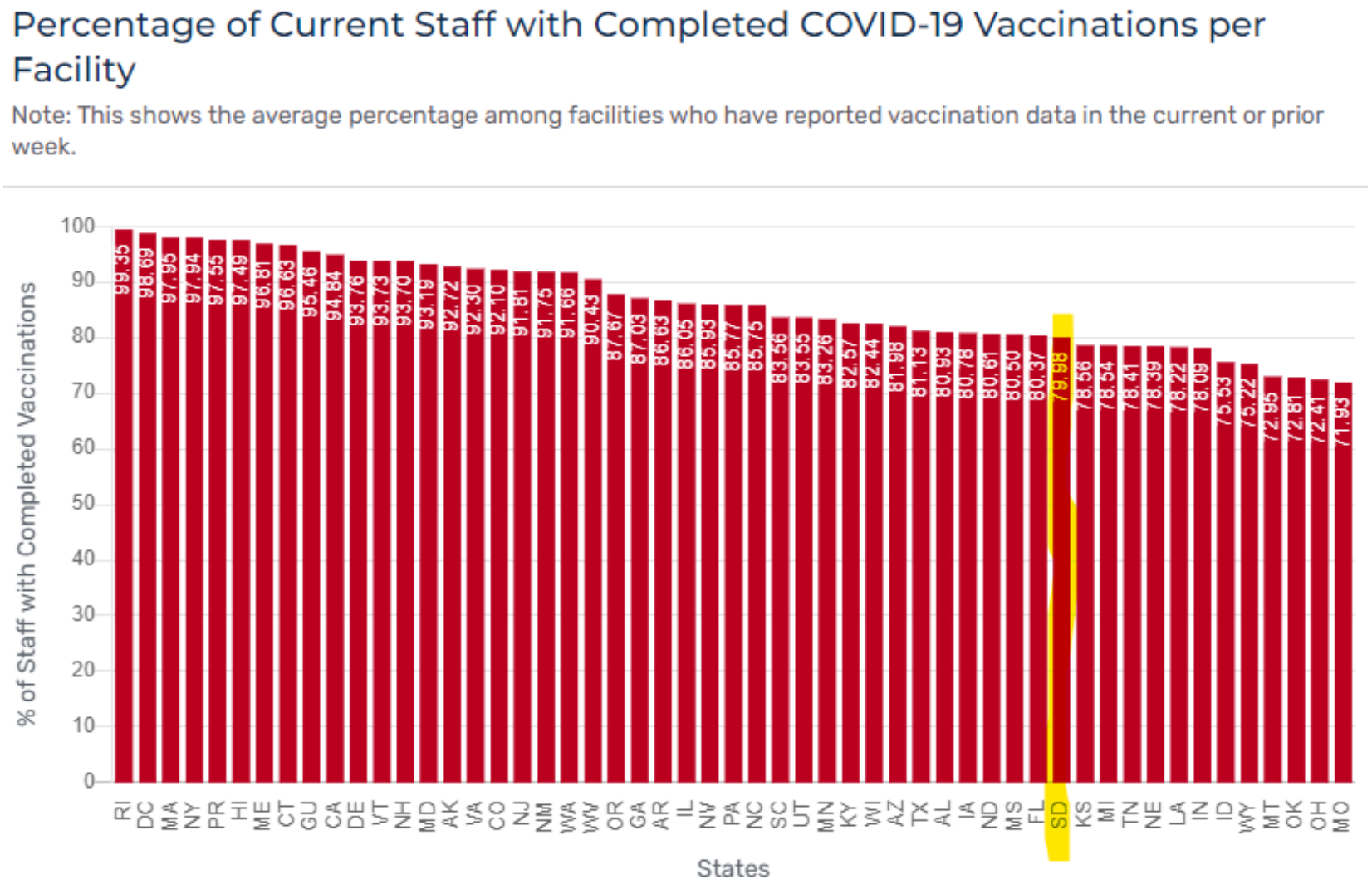
SOUTH DAKOTA DEPARTMENT OF HEALTH

Choose to get vaccinated. **Protect** yourself, your family, and our residents.



South Dakota – 79.98%

Source: *https://data.cms.gov/covid-19/covid-19-nursing-home-data*

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Who to Contact *with LTC COVID Related Questions*

Diana Weiland, RN, Nursing Home Advisor - phone 605-995-8057 or email Diana.Weiland@state.sd.us

Jennifer Maeschen, RN, Assisted Living Center Advisor – phone 605-995-8147 or email Jennifer.Maeschen@state.sd.us

Elaine Hanley, RN COVID LTC Touch Base Contact – phone 605-773-3497 or email Elaine.Hanley@state.sd.us

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Vaccination Update

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

02/09/2022

Total Doses Administered*

1,157,408

Manufacturer	# of Doses
Janssen	37,153
Moderna	461,319
Pfizer	658,936

Total Persons Administered a Vaccine*

512,372

Doses	# of Recipients
Janssen - Series complete	34,557
Janssen - Booster dose	2,596
Moderna - 1 dose	25,209
Moderna - Series complete	172,333
Moderna - 3rd/Booster dose	86,949
Pfizer - 1 dose	35,081
Pfizer - Series complete	253,238
Pfizer - 3rd/Booster dose	112,725

Percent of State Population with at least 1 Dose**

70%

Doses	% of Pop.
1 dose	70.43%
Series Complete	57.63%
Booster dose	31.20%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).

03/09/2022

Total Doses Administered*

1,175,953

Manufacturer	# of Doses
Janssen	37,549
Moderna	467,551
Pfizer	670,853

Total Persons Administered a Vaccine*

517,528

Doses	# of Recipients
Janssen - Series complete	34,891
Janssen - Booster dose	2,657
Moderna - 1 dose	25,253
Moderna - Series complete	174,101
Moderna - 3rd/Booster dose	89,441
Pfizer - 1 dose	34,358
Pfizer - Series complete	257,415
Pfizer - 3rd/Booster dose	116,639

Percent of State Population with at least 1 Dose**

71%

Doses	% of Pop.
1 dose	71.36%
Series Complete	58.47%
Booster dose	32.25%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).

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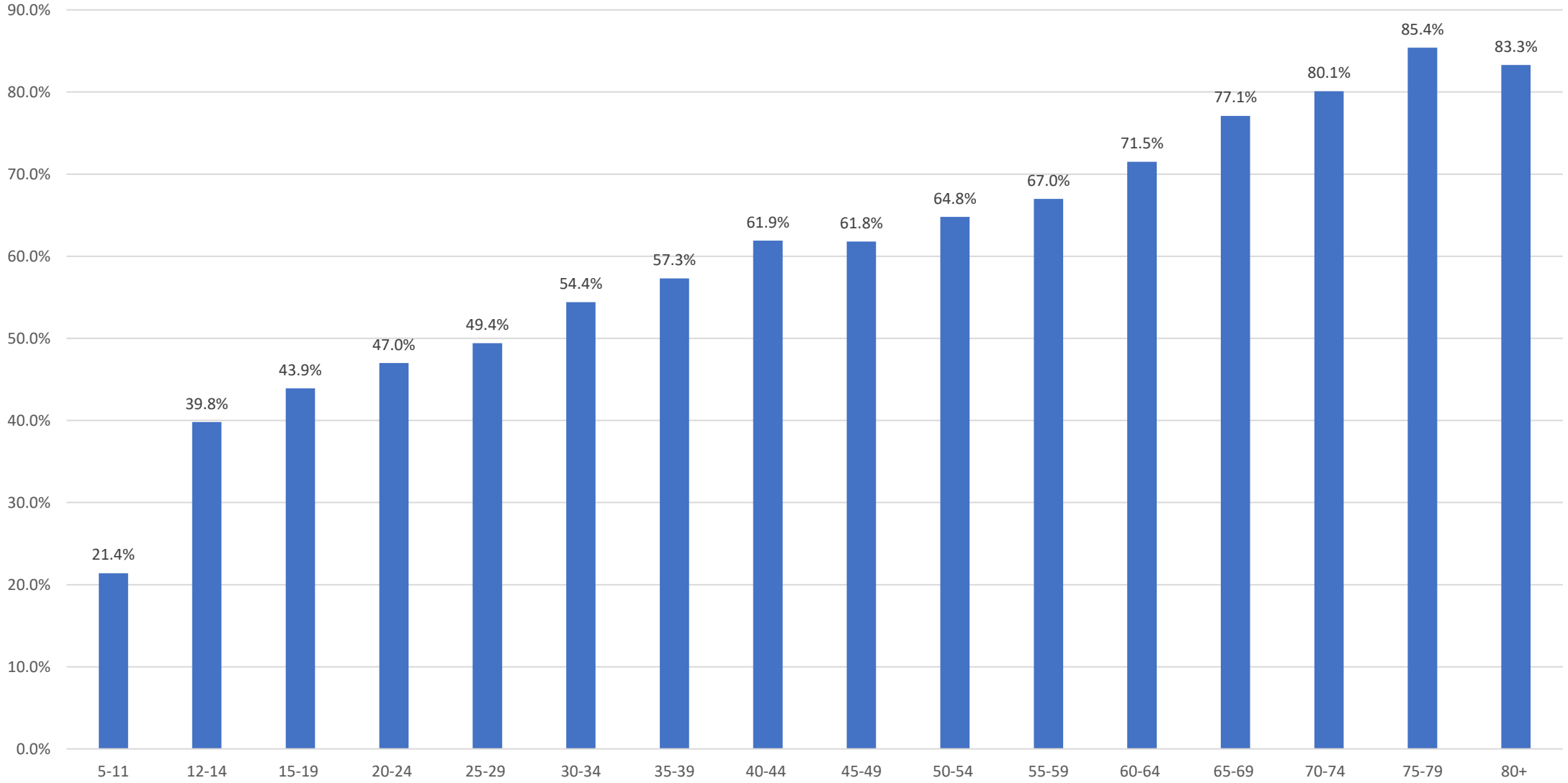
COVID Vaccine coverage by age as of 03/08/2022



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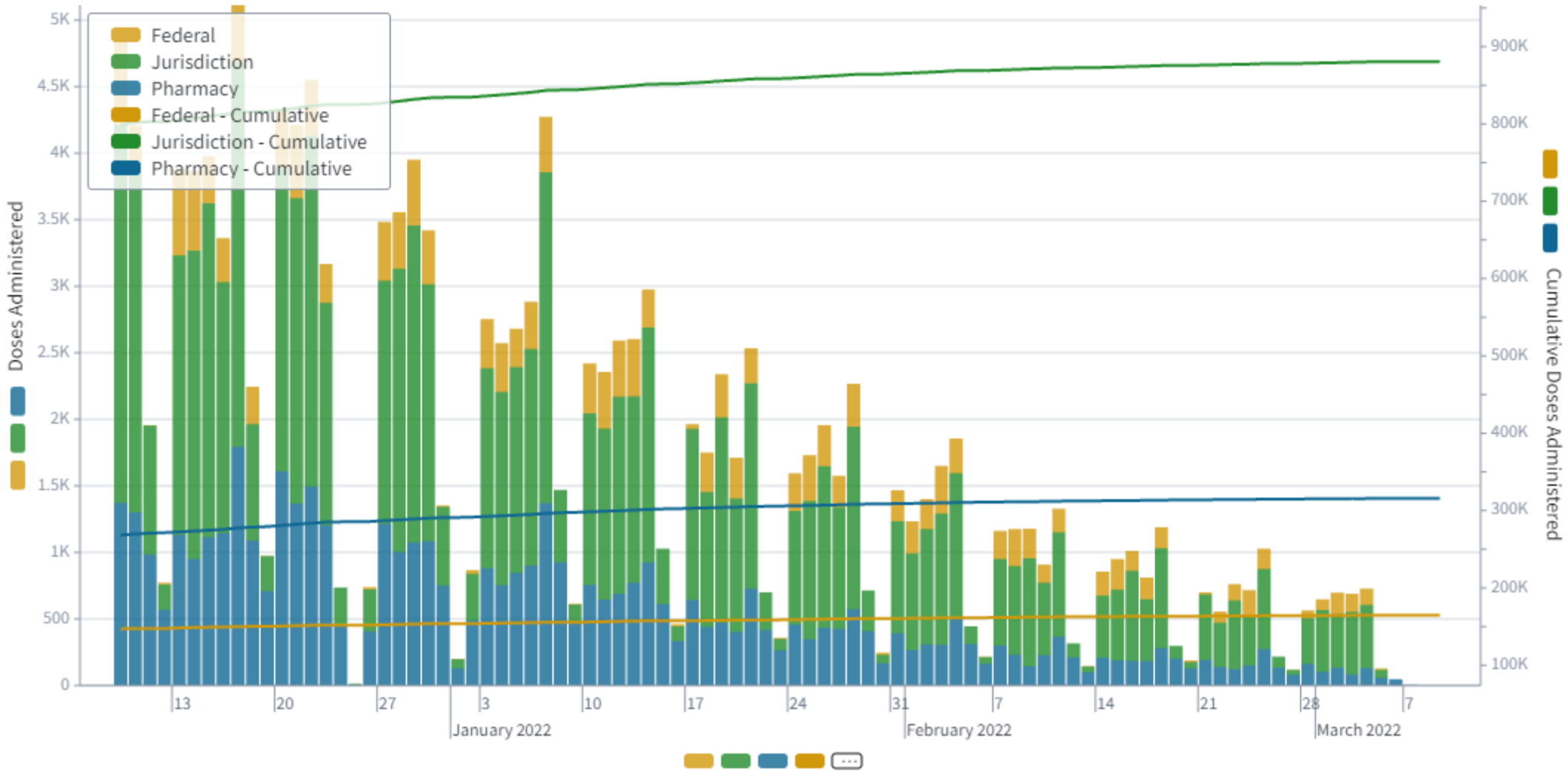

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mRNA Vaccine Timeline Recommendation

- New data indicate that some people ages 12 through 64 years—and especially males ages 12 through 39 years—would benefit from getting their second mRNA COVID-19 vaccine dose 8 weeks after receiving their first dose. Extending the time interval between primary mRNA COVID-19 vaccine doses from the FDA-approved or authorized 3 weeks (Pfizer-BioNTech) or 4 weeks (Moderna) to 8 weeks may help increase how long protection lasts against COVID-19.
- It may also help lower the (small) risk of myocarditis (inflammation of the heart muscle) and pericarditis (swelling of tissue around the heart), which has been associated—mostly among adolescent and young adult males—with mRNA COVID-19 vaccination.

mRNA Vaccine Timeline Recommendation (Cont.)

- It's important to note this update does not apply to everyone. Providers should continue to recommend the 3-week or 4-week interval for people who are moderately or severely immunocompromised, adults ages 65 years and older, and others who may need early protection due to concern about an increased risk of severe illness from COVID-19 or high levels of community transmission.
- People ages 12 years and older with moderate or severe immunocompromise should receive three doses in their mRNA primary vaccine series and should receive a booster dose with an mRNA vaccine at least 3 months after completing their third primary series dose.

Immunocompromised Individuals Booster Update

(as of February 11th)

- Immunocompromised individuals who have completed a primary series of an mRNA vaccine (Pfizer-BioNTech or Moderna) are recommended to receive an mRNA booster dose 3 months (instead of 5 months) after the last primary dose.
- Immunocompromised individuals who have received a single Johnson & Johnson's Janssen COVID-19 vaccine should receive one additional dose of an mRNA COVID-19 vaccine and one booster dose (mRNA) for a total of 3 vaccine doses.

Table 1. Immunization schedule for persons 5 years of age and older

Recipient Age	Product*†	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series‡§	Booster Dose‡¶	Primary Series‡§	Booster Dose‡¶
Type: mRNA vaccine					
5–11 years	Pfizer-BioNTech Ages: 5–11 years Orange cap	2 doses. Separate: Dose 1 and 2 by at least 3 weeks **	Not recommended	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	Not recommended
12–17 years	Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap	2 doses. Separate: Dose 1 and 2 by at least 3 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
18 years and older	Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap	2 doses. Separate: Dose 1 and 2 by at least 3 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 3 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3
	Moderna	2 doses. Separate: Dose 1 and 2 by at least 4 - 8 weeks.**	At least 5 months after Dose 2	3 doses. Separate: Dose 1 and 2 by at least 4 weeks. Dose 2 and 3 by at least 4 weeks.	At least 12 weeks after Dose 3

Recipient Age	Product*†	Persons Who ARE NOT Moderately or Severely Immunocompromised		Persons Who ARE Moderately or Severely Immunocompromised	
		Primary Series‡§	Booster Dose‡¶	Primary Series‡§	Booster Dose‡¶
Type: Viral vector vaccine					
18 years and older	Janssen††	1 dose	At least 8 weeks after Dose 1	2 doses. Separate: Dose 1 and 2 by at least 28 days‡‡ Dose 2 MUST be a mRNA vaccine	At least 8 weeks after Dose 2

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Kids Under 5 Vaccine Update

- In January Pfizer-BioNTech submitted data for FDA review regarding a COVID-19 vaccinee for ages 6 months to 4 years.
- The FDA was originally slated to meet in February regarding Emergency Use Authorization for the vaccine.
- Pfizer-BioNTech then postponed the FDA request for the vaccine citing that they would instead wait for data on a three-dose series of the vaccine thinking that this may be more effective.
- Although the South Dakota Department of Health has not heard officially when expected administration is to begin for the vaccine, the CDC is speculating early to mid April.

Infection Prevention

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Infection Prevention Updates and Resources for Healthcare Facilities

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SOUTH DAKOTA DEPARTMENT OF HEALTH

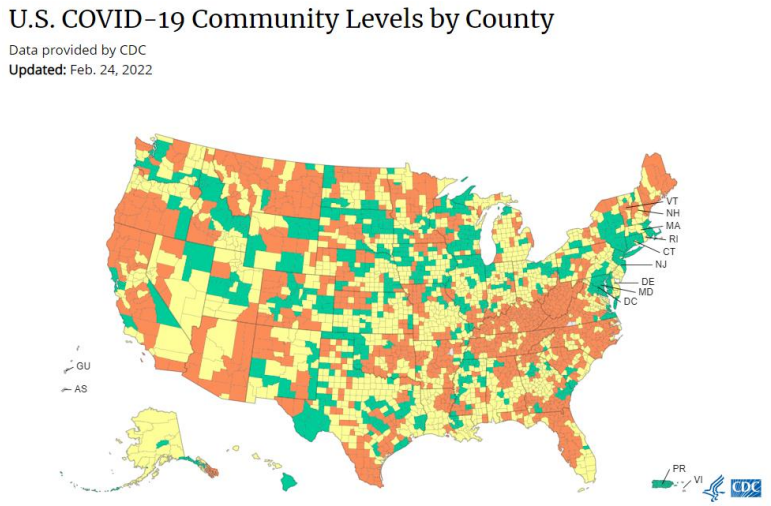
- **CDC COVID-19 Guidance**: Below is a list of healthcare IPC and other related guidance documents that have been recently published or updated by CDC. For additional updates, CDC's What's New & Updated tool is a helpful way to stay up-to-date with new and updated content on CDC's COVID-19 webpages. Users can filter by date, webpage type, audience, and topic.
  - SARS-CoV-2 Antigen Testing in Long Term Care Facilities (2/17/22)
  - Clinical Questions about COVID-19: Questions and Answers (2/9/22)
  - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (2/2/22)
  - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (2/2/22)

CMS

Nursing Home Visitation FAQ's Updated 2/2/22

QSO-22-07-ALL Guidance for Interim Rule- COVID19 Health Care Staff Vaccination – Applicable to ALL now. Effective: 1/27/22. Updated guidance and resources to surveyors. Mandatory facility task assignment and review of NHSN data related to QSO-22-07. Survey resources w Staff Vaccine Docs related to F888 here.

Note: CDC has updated guidance about COVID-19 community levels along with recommended individual and household-precautions and community-level prevention strategies that should be taken at each level. The rationale for these changes are described in the guidance. **These COVID-19 community level recommendations do not apply in healthcare settings**, such as hospitals and nursing homes. Healthcare settings should continue to follow CDC's infection prevention and control recommendations for healthcare settings, which continue to use community transmission levels as a metric for stratifying some IPC measures (e.g., use of source control, screening testing).



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Infection Prevention & Control Assessment Tool (ICARs) for LTC and ALF

Infection Control Assessment and Response (ICAR) tools are used to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities (e.g., by addressing identified gaps).

How does a COVID ICAR benefit my ALF or LTC facility?

*__Non-regulatory & FREE__: Talk one-on-one with an infection preventionist and an infectious disease doctor to see how your facility is REALLY doing during the pandemic.

*__Not just a checklist:__ While the CDC ICAR guides the discussion, the team talks through scenarios that are relevant to YOUR facility. They can compare what worked last year vs. what works now and review the latest guidelines, science and updates.

*__Above and Beyond__: Sharing tips and tricks on what works for other facilities in South Dakota and what might also work for you. Topics like vaccination uptake in staff, addressing PPE Fatigue, and reinforcing what you are doing RIGHT.

*__Feedback__ after the ICAR to have on file for your facility. Something you can refer to when needed in the future!

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SOUTH DAKOTA DEPARTMENT OF HEALTH

WE ARE **PROJECT FIRSTLINE**

SD PROJECT FIRSTLINE.

IT'S NOT JUST TRAINING. ***IT'S TRAINING THAT CAN SAVE LIVES.***

CONTACT US

SIMPLE THINGS WE CAN ALL DO to break the chain of infection -- wash hands often, cover your cough, stay home if sick, clean frequently touched surfaces at home/office (cell phones, laptops, car). Doing these things helps to prevent ANY infectious disease, from COVID-19 to the flu to a cold.

SOUTH DAKOTA PROJECT FIRSTLINE
www.SDProjectFirstline.org
@ProjectFirstlineSouthDakota

CHERI FAST
Project Firstline Program Manager
Cheri.fast@sdfmc.org

CHARLOTTE HOFER
Project Firstline Communications Director
Charlotte.hofer@sdfmc.org

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Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Community Mitigation

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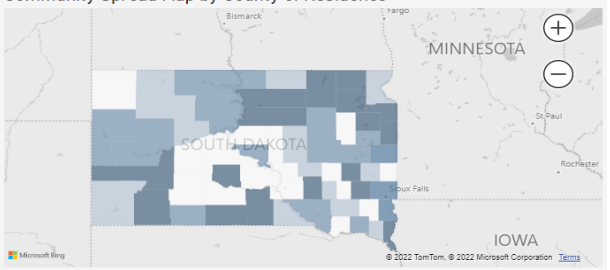
SOUTH DAKOTA DEPARTMENT OF HEALTH

SD Overview | Demographics | Trends | Hospital Capacity | Hospitalized & ILI | Tables | Vaccines | Deaths

New Confirmed and Probable Cases	Active Cases	Recovered Cases	Currently Hospitalized
51	3,117	230,587	96

Community Spread Map by County of Residence



Community Spread Low Moderate Substantial High

Hover over a county to see its details, or click county to update the orange boxes.
More information on U.S COVID-19 Community levels can be found at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

Total Confirmed and Probable Cases	PCR Test Positivity Rate, Last 7 Days	Total Tests	Ever Hospitalized
236,552	5.9% (3/2/2022 - 3/8/2022)	2,111,317	10,631

Deaths Among Cases	% Progress (January Goal: 44233 Tests)	% Progress (February Goal: 44233 Tests)	% Progress (March Goal: 44233 Tests)
2,848	423%	169%	34%

Total Doses Administered*	Total Persons Administered a Vaccine*	Percent of State Population with at least 1 Dose**
1,176,380	517,570	71%

Manufacturer	# of Doses
Janssen	37,555
Moderna	467,686
Pfizer	671,139

Doses	# of Recipients
Janssen - Series complete	34,895
Janssen - Booster dose	2,659
Moderna - 1 dose	25,210
Moderna - Series complete	174,148
Moderna - 3rd/Booster dose	89,514
Pfizer - 1 dose	34,284
Pfizer - Series complete	257,520
Pfizer - 3rd/Booster dose	116,771

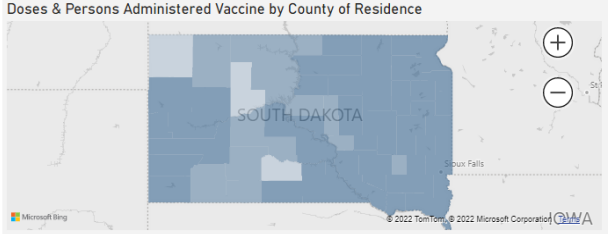
Doses	% of Pop.
1 dose	71.37%
Series Complete	58.49%
Booster dose	32.28%

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).

*Includes reports to SD Immunization Information System (SDIIS)
**Includes aggregate federal data from IHS, VA, DoD, and BoP plus reports to SDIIS

For COVID-19 Vaccine Coverage at 12+, 18+, or 65+ years click link below: US Vaccine Coverage

Doses & Persons Administered Vaccine by County of Residence



Doses Administered Range 100-499 500-2,499 2,500+

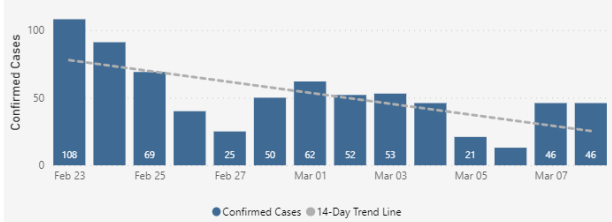
SD Overview | Demographics | Trends | Hospital Capacity | Hospitalized & ILI | Tables | Vaccines | Deaths

County: All

PCR Test Positivity Rate, Last 7 Days	PCR Test Positivity Rate, Last 14 Days	PCR Test Positivity Rate, Cumulative
5.9% (3/2/2022 - 3/8/2022)	7.3% (2/23/2022 - 3/8/2022)	15.3% (3/10/2020 - 3/8/2022)

PCR Test Positivity Rate: *This rate is equal to the number of positive PCR tests divided by total PCR tests, within the specified period of time. Date range includes last full day (24 hours) captured in the data set.*

Confirmed Cases and 14-Day Trend Line by Date Reported to SD-DOH



14-Day Trend of Confirmed Cases by Date Reported to SD-DOH: *This graph shows the trend (increasing or decreasing) of COVID-19 confirmed cases (persons who meet the national surveillance case definition case for COVID-19) at the state or county level.*

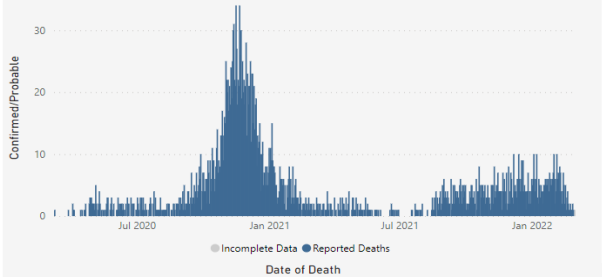
Daily Rate of Total Cases, Last 7 Days	Rate of Total Cases, Cumulative
3/2/2022 - 3/8/2022	3/10/2020 - 3/8/2022
5.83	26,810
Daily Case Rate per Capita	Case Rate per Capita

SD Overview | Demographics | Trends | Hospital Capacity | Hospitalized & ILI | Tables | Vaccines | Deaths

Deaths among people with COVID-19	Deaths caused by COVID-19*
	*Updated weekly on Monday
2,848	2,504
03/09/2020 - 03/08/2022	03/09/2020 - 03/08/2022

Cases Among Long Term Care Residents	Deaths among Long Term Care Residents with COVID-19
4,966	976
03/09/2020 - 03/08/2022	03/09/2020 - 03/08/2022

Deaths among people with COVID-19 by Date of Death



Staffed Hospital Bed Capacity

COVID-19 Occupied Hospital Beds	Non-COVID-19 Occupied Hospital Beds	Available Hospital Beds
4.1%	59.6%	36.3%

Staffed Adult ICU Bed Capacity

COVID-19 Occupied Adult ICU Beds	Non-COVID-19 Occupied Adult ICU Beds	Available Adult ICU Beds
9.0%	48.1%	42.9%

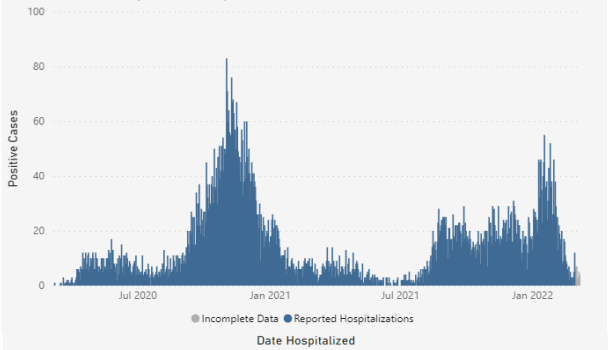
Staffed Pediatric ICU Bed Capacity

COVID-19 Occupied Pediatric ICU Beds	Non-COVID-19 Occupied Pediatric ICU Beds	Available Pediatric ICU Beds
13.6%	27.3%	59.1%

SD Overview | Demographics | Trends | Hospital Capacity | Hospitalized & ILI | Tables | Vaccines | Deaths

Ever Hospitalized	Currently Hospitalized
10,631	96
03/07/2020 - 03/08/2022	

Positive Cases by Date Hospitalized



SOUTH DAKOTA DEPARTMENT OF HEALTH

Supply Chain Management

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PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,
- Faxed to **605.773.5942,** or
- Called in to **605.773.3048** to ensure prioritization and coordination of requests.

- Do not duplicate your request by using all three means of communication.

- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.

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On-going Communication

Not intended for press or for reporting purposes.

Helpful sources of information:

covid.sd.gov

coronavirus.gov

- **SD COVID-19 Help Line: 800-997-2880**

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Communications

- SD-HAN: sdhan.sd.gov
- Epi Listserv
- Lab Listserv
- HAI Listserv
- OLC Listserv

Visit **covid.sd.gov** to subscribe

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Questions?

Follow-up after the webinar

COVID Helpline: 800-997-2880

Epidemiology: 605-773-3737

Laboratory: 605-773-3368

COVID.sd.gov

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